A PASRR Level I screen must be completed for all individuals who are hospice clients being admitted to a nursing facility.

Nursing facility placement for a client who has Medicaid and has elected Hospice care in a nursing facility does not require a long term care ULTC100.2 assessment.

A PASRR Level I screen must be completed for all individuals who are hospice clients being admitted to a nursing facility level of care.

The hospital, hospice or nursing facility can complete a PASRR Level I screen for all individuals (including Medicaid) entering a nursing facility under Hospice. Hospice Benefit State Rule 8.550 identifies the nursing facility as being responsible for completing the Level. However, the facility that has the most extensive experience with the client is encouraged to complete the Level I. The Level I for all individuals can be submitted on-line by the hospital, hospice or nursing facility. The stop on the on-line system for Medicaid clients can be bypassed by entering Hospice as the payer source.

## Level I Screens Without Triggers

- Non-Medicaid or hospice the referring facility completes a hard copy of the new Level I and sends it to the receiving facility.
- Level I screens that do not have triggers should not be submitted to DDM. All Level I screens that come across the web based PASRR system require some type of review by DDM, even if not a clinical review. Therefore, submitting Level I screens that do not have triggers and are therefore unnecessary, slows down the DDM review process. This in turn, holds up the outcome/discharge process. To obtain a hard copy of the Level I screens that do not have triggers, print a blank copy of the Level I screen form and complete it by hand. A copy of this Level I screen can be sent to the nursing facility.

Level I Screens with triggers are sent to DDM. Initial NF admission cannot occur until DDM either:

- Determines no further action is required
- Applies Convalescent, Terminal as defined for Hospice purposes in 42CFR418.3 or Severity exclusion
- Completes a Depression Diversion Screen, or
- Determines that an MI and/or DD Level II is needed

The nursing facility must notify the SEP immediately of a resident's transition from Hospice care as in the case of discharge from hospice. The SEP then has 5 days to complete the ULTC100.2 and provide it to the nursing facility which will submit a 100.2 the SURC (DDM).

If the hospice client changes payer source (either discharges from hospice care to class I nursing facility, changes from private pay or Medicare to Medicaid pending, or any other payer source change), a ULTC100.2 shall be completed by the SEP for Medicaid and Medicaid Pending clients if there is not a current ULTC100.2. If the current one is more than 6 months old or if the nursing facility determines that a significant change in resident condition has occurred with the resident, the same procedures as when a change in payer source occurs should be followed.